

FORM C/OH
COVER SHEET PG 1

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

Mr Weston C Martinez

16 ACCOUNT # (Ethics Commission files)

17 NOTICE
FROM
POLITICAL
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$0

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$875.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$0

4. TOTAL POLITICAL EXPENDITURES

\$968.60

CONTRIBUTION
BALANCE5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$0

OUTSTANDING
LOAN TOTALS6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$0

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mr Weston C Martinez, this the 7th day
of April, 20 05, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

1 of 3

2 FILER NAME

Mr Weston C Martinez

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/2/2005

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Mrs Wanda Savage

6 Contributor address; City; State; Zip Code

8642 Waldon Heights
San Antonio, TX 78254

7 Amount of
contribution (\$)

50.00

8 In-kind contribution
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/4/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Mr Richard Braune

Contributor address; City; State; Zip Code

523 Royal Ct.
San Antonio, TX 78228

Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

SBC

Date

3/6/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Mrs Leslye Hernandez

Contributor address; City; State; Zip Code

1718 Santa Fe Trail Dr.
San Antonio, TX 78232

Amount of
contribution (\$)

25.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/20/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Mr Chip Morrow

Contributor address; City; State; Zip Code

PO Box 700384
San Antonio, TX 78270

Amount of
contribution (\$)

50.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/20/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Mrs Patti Morrow

Contributor address; City; State; Zip Code

PO Box 700384
San Antonio, TX 78270

Amount of
contribution (\$)

50.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:
2 of 3

2 FILER NAME

Mr Weston C Martinez

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/6/2005

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Mrs Mary Carolyn Howell

6 Contributor address; City; State; Zip Code

1118 Tranquil Trail
San Antonio, TX 78232

7 Amount of
contribution (\$)
50.00

8 In-kind contribution
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)
Retired Teacher

Date

1/14/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Chase & Chase Certified Public Accountants

Contributor address; City; State; Zip Code

13750 San Pedro Avenue, Apt/Suite: 620
San Antonio, TX 78232

Amount of
contribution (\$)
100.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/20/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Mr Mallory Miller

Contributor address; City; State; Zip Code

10519 Tioga Dr.
San Antonio, TX 78230

Amount of
contribution (\$)
100.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/28/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Mr Donald D Varella

Contributor address; City; State; Zip Code

3131 Maribelle
San Antonio, TX 78228

Amount of
contribution (\$)
25.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/17/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Mr Marcus L Smith

Contributor address; City; State; Zip Code

3 Remington Circle
San Antonio, TX 78258

Amount of
contribution (\$)
100.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:
3 of 3

2 FILER NAME

Mr Weston C Martinez

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/22/2005

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Republican Mens Club of San Antonio

6 Contributor address; City; State; Zip Code

506 Magna Vista Court
San Antonio, TX 78258

7 Amount of
contribution (\$)
200.00

8 In-kind contribution
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

2/7/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Mr Doug Stratton

Contributor address; City; State; Zip Code

14002 Little Leaf
San Antonio, TX 78247

Amount of
contribution (\$)
25.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



PLEDGED CONTRIBUTIONS**SCHEDULE B**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule B:

1 of 1

2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mr Weston C Martinez

4 TOTAL OF UNITEMIZED PLEDGES:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date**6** Full name of pledgor☐ out-of-state PAC (ID#:_____)**8** Amount of
pledge (\$)**9** In-kind description
(if applicable)**7** Pledgor address; City; State; Zip Code**10** Principal occupation / Job title (See Instructions)**11** Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:_____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:_____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:_____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:_____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**

LOANS**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

1 of 1

2 FILER NAME

Mr Weston C Martinez

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$Unitemized

5 Date of loan

7 Name of lender

☐ out-of-state PAC (ID#:_____)

9 Loan Amount (\$)

6 Is lender a financial institution?

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

☐ none

15 GUARANTOR INFORMATION

16 Name of guarantor

18 Amount Guaranteed (\$)

☐ not applicable

17 Guarantor address; City; State; Zip Code

19 Principal Occupation

20 Employer

Date of loan

Name of lender

☐ out-of-state PAC (ID#:_____)

Loan Amount (\$)

Is lender a financial institution?

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☐ none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

1 of 1

2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mr Weston C Martinez

4 Date

2/27/2005

5 Payee name

Screen Tech Arts

6 Payee address; City; State; Zip Code2810 Thousand Oaks, Apt/Suite: 106
San Antonio, TX 78232**7** Amount(\$)**833.20****8** Purpose of payment (See instructions regarding type of information required.)

Yard Signs & Bumper Stickers

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

2/27/2005

Payee name

Postmaster

Payee address; City; State; Zip Code

15610 Henderson Pass
San Antonio, TX 78232

Amount

(\$)**63.00**

Purpose of payment (See instructions regarding type of information required.)

Post-office box

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

3/8/2005

Payee name

City of San Antonio

Payee address; City; State; Zip Code

PO Box 839966
San Antonio, TX 78283

Amount

(\$)**50.00**

Purpose of payment (See instructions regarding type of information required.)

Records Request

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

1/18/2005

Payee name

Office Depot

Payee address; City; State; Zip Code

13484 San Pedro Avenue
San Antonio, TX 78232

Amount

(\$)**22.40**

Purpose of payment (See instructions regarding type of information required.)

Supplies

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: 1 of 1
2 FILER NAME Mr Weston C Martinez		3 ACCOUNT # (Ethics Commission filers)

4 Date	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> 5 Payee name <hr style="border-top: 1px dotted black;"/> </div> <div style="width: 35%; text-align: right;"> 8 Amount (\$) </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> 6 Payee address; City; State; Zip Code <hr style="border-top: 1px dotted black;"/> </div> <div style="width: 35%; text-align: right;"> <input type="checkbox"/> Reimbursement from political contributions intended </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> 7 Purpose of expenditure (See instructions regarding type of information required.) </div> <div style="width: 35%; text-align: right;"> <input type="checkbox"/> Reimbursement from political contributions intended </div> </div>
Date	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Payee name <hr style="border-top: 1px dotted black;"/> </div> <div style="width: 35%; text-align: right;"> Amount (\$) </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> Payee address; City; State; Zip Code <hr style="border-top: 1px dotted black;"/> </div> <div style="width: 35%; text-align: right;"> <input type="checkbox"/> Reimbursement from political contributions intended </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> Purpose of expenditure (See instructions regarding type of information required.) </div> <div style="width: 35%; text-align: right;"> <input type="checkbox"/> Reimbursement from political contributions intended </div> </div>
Date	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Payee name <hr style="border-top: 1px dotted black;"/> </div> <div style="width: 35%; text-align: right;"> Amount (\$) </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> Payee address; City; State; Zip Code <hr style="border-top: 1px dotted black;"/> </div> <div style="width: 35%; text-align: right;"> <input type="checkbox"/> Reimbursement from political contributions intended </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> Purpose of expenditure (See instructions regarding type of information required.) </div> <div style="width: 35%; text-align: right;"> <input type="checkbox"/> Reimbursement from political contributions intended </div> </div>
Date	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Payee name <hr style="border-top: 1px dotted black;"/> </div> <div style="width: 35%; text-align: right;"> Amount (\$) </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> Payee address; City; State; Zip Code <hr style="border-top: 1px dotted black;"/> </div> <div style="width: 35%; text-align: right;"> <input type="checkbox"/> Reimbursement from political contributions intended </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> Purpose of expenditure (See instructions regarding type of information required.) </div> <div style="width: 35%; text-align: right;"> <input type="checkbox"/> Reimbursement from political contributions intended </div> </div>
Date	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Payee name <hr style="border-top: 1px dotted black;"/> </div> <div style="width: 35%; text-align: right;"> Amount (\$) </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> Payee address; City; State; Zip Code <hr style="border-top: 1px dotted black;"/> </div> <div style="width: 35%; text-align: right;"> <input type="checkbox"/> Reimbursement from political contributions intended </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> Purpose of expenditure (See instructions regarding type of information required.) </div> <div style="width: 35%; text-align: right;"> <input type="checkbox"/> Reimbursement from political contributions intended </div> </div>

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**PAYMENT FROM POLITICAL CONTRIBUTIONS
TO A BUSINESS OF C/OH****SCHEDULE H**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule H: 1 of 1	
2 FILER NAME Mr Weston C Martinez		3 ACCOUNT # (Ethics Commission filers)	

4 Date	5 Business name	7 Amount (\$)
	6 Business address; City; State; Zip Code	

8 Purpose of payment (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date	Business name	Amount (\$)
	Business address; City; State; Zip Code	

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date	Business name	Amount (\$)
	Business address; City; State; Zip Code	

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date	Business name	Amount (\$)
	Business address; City; State; Zip Code	

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED	
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**NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS****SCHEDULE I**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule I: 1 of 1
2 FILER NAME Mr Weston C Martinez		3 ACCOUNT # (Ethics Commission filers)
4 Date	<div>5 Payee name</div> <div>.....</div> <div>6 Payee address; City; State; Zip Code</div> <div>7 Purpose of expenditure (See instructions regarding type of information required.)</div>	8 Amount (\$)
Date	<div>Payee name</div> <div>.....</div> <div>Payee address; City; State; Zip Code</div> <div>Purpose of expenditure (See instructions regarding type of information required.)</div>	Amount (\$)
Date	<div>Payee name</div> <div>.....</div> <div>Payee address; City; State; Zip Code</div> <div>Purpose of expenditure (See instructions regarding type of information required.)</div>	Amount (\$)
Date	<div>Payee name</div> <div>.....</div> <div>Payee address; City; State; Zip Code</div> <div>Purpose of expenditure (See instructions regarding type of information required.)</div>	Amount (\$)
Date	<div>Payee name</div> <div>.....</div> <div>Payee address; City; State; Zip Code</div> <div>Purpose of expenditure (See instructions regarding type of information required.)</div>	Amount (\$)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CREDITS (optional)**SCHEDULE K**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K:

1 of 1

2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mr Weston C Martinez

4 Date	5 Payor name	8 Amount (\$)
 6 Payor address; City; State; Zip Code	
	7 Reason for credit	

Date	Payor name	Amount (\$)
 Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
 Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
 Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
 Payor address; City; State; Zip Code	
	Reason for credit	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT****FORM C/OH - FR**

The Instruction Guide explains how to complete this form.

**** Complete only if "Report Type" on page 1 is marked "Final Report" ******1 C/OH NAME**

Mr Weston C Martinez

2 ACCOUNT # (Ethics Commission filers)**3 SIGNATURE**

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder**4 FILER WHO IS NOT AN OFFICEHOLDER****** Complete A & B below *only* if you are not an officeholder. ******A. CAMPAIGN FUNDS**

Check only one:

☐

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

☐

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

☐

I do not retain assets purchased with political contributions or interest or other income from political contributions.

☐

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate**5 OFFICEHOLDER****** Complete this section *only* if you are an officeholder ****☐

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder